

**CONCORD AMERICAN LITTLE LEAGUE  
2009 FALL BASEBALL APPLICATION**

*player will be assigned to division they will play in 2010*

Players Name		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	Zip
Email Address		
Home Phone (925)	Cell Phone ( )	
Year's Experience	Positions Played	Birthdate (mm/dd/yy)
2009 Spring League Team & Division		
Parent/Guardian		Phone Number
Emergency Contact/Relationship		Phone Number
I would be interested in <input type="checkbox"/> Managing a team <input type="checkbox"/> Helping Coach a team		
I/we, as parent(s)/guardians(s) of the above participant, hereby authorize the manager or coach of my child's team to consent to medical, surgical or dental examination/treatment as may be required in my/our absence.		
I/we hereby give my/our consent to the above-named to participate in the activities of Concord American Little League and to release, indemnify and hold harmless Concord American Little League, it's officers, directors, agents, managers, coaches and league representatives from and against any and all liability, claims or causes of action for injury or damages to my/our child, myself/ourselves or others or to any property as a result of my/our child's participation in the activities of Concord American Little League and for any claims based upon negligence, contract, breach of warranty, product defect or other legal theory. I/we hereby accept for myself/ourselves and my/our child(ren) the full risk and damage of any and all such injury which may result.		
Signature of Parent/Guardian		Date
<b>Tee-Shirt Size</b>		
Youth Size: <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16	Adult Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XXLarge	
<b>For League Use Only</b>		
Playing Age:	Birthdate Verified <input type="checkbox"/> ID Card <input type="checkbox"/> Birth certificate	
2009 Fall Ball Division	Team	
Amount Received \$ <input type="checkbox"/> Cash <input type="checkbox"/> Check #	Date Rcvd:	Rcvd By:
<p align="center"><b>FEE: \$60 to be paid at the time of registration REGISTRATION DEADLINE: AUGUST 1. 2009</b></p> <p align="center"><b>Make check payable to CALL Fall Ball</b></p> <p align="center">Mail Registration &amp; Check to: CALL FALL BALL c/o Kathy Sheehan 2025 Rapallo Way, Bay Point, CA 94565</p> <p align="center">Questions? Call 586-9073 or email callauxiliary@yahoo.com</p>		